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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Dock Number	
	First Named Inventor	Shahz, Iqbal
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Preferential Display

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below

Name **Robert Chin**

Address **12909 Stanzel Drive**

City Ausitn	State TX	ZIP 78729
Country USA	Telephone 512-219-8575	Fax 512-219-8588

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Shahzi	Family Name or Surname Iqbal
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Inventor's Signature 	Date 9/20/01
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Residence: City Nagpur	State	Country India	Citizenship YES
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Mailing Address **16505 La Cantera Pkwy #835**

City San Antonio	State TX	ZIP 78256	Country USA
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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Robert	Family Name or Surname Chin
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Inventor's Signature 	Date 9/21/01
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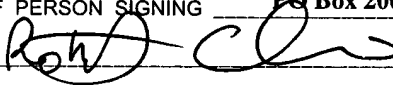
Residence: City Austin	State TX	Country USA	Citizenship YES
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Mailing Address **12909 Stanzel Drive**

City Austin	State TX	ZIP 78729	Country USA
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☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN		Docket Number (Optional)
Applicant, Patentee, or Identifier: <u>Robert C. Chin</u>		
Application or Patent No.: _____		
Filed or Issued: _____		
Title: <u>Preferential Display</u>		
I hereby state that I am <input type="checkbox"/> the owner of the small business concern identified below: <input checked="" type="checkbox"/> an official of the small business concern empowered to act on behalf of the concern identified below:		
NAME OF SMALL BUSINESS CONCERN <u>GeneXpress Informatics, Inc.</u>		
ADDRESS OF SMALL BUSINESS CONCERN <u>PO Box 200759,</u> <u>Austin, Texas 78720-0759</u>		
I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.		
I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:		
<input checked="" type="checkbox"/> the specification filed herewith with title as listed above. <input type="checkbox"/> the application identified above. <input type="checkbox"/> the patent identified above.		
If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).		
Each person, concern, or organization having any rights in the invention is listed below: <input checked="" type="checkbox"/> no such person, concern, or organization exists. <input type="checkbox"/> each such person, concern, or organization is listed below.		
Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)		
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))		
NAME OF PERSON SIGNING <u>Robert C. Chin</u>		
TITLE OF PERSON IF OTHER THAN OWNER <u>President</u>		
ADDRESS OF PERSON SIGNING <u>PO Box 200759, Austin, Texas 78720-0759</u>		
SIGNATURE <u></u>		DATE <u>September 16, 2001</u>

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Attorney Docket Number

I hereby appoint:

☒ Practitioners at Customer Number
OR

000030152



☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.
OR

☐ Practitioners at Customer Number
OR

Place Customer
Number Bar Code
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☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

SHAHZ IQBAL

Signature

Shahz

Date

9/20/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.